										•			
1-2-3-8-10-13 -20-21-22-37-29 -32-39-40-4/ Application or Docket Number													
PATENT APPLICATION FEE DETERMINATION RECORD 46-48-51- Effective October 1, 1997													
46-	<u>18751'</u>		-										
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTITY	OR	OTHER SMALL	
FOR			NUMBE	R FILED	NUMBER EXTRA				RATE	FEE		RATE	FEE
BASIC FEE			Time V		· · · · · · · · · · · · · · · · · · ·				,,	395.00		1	790.00
TOTAL CLAIMS			51			* 37			<u> </u>	333.00	OR	4	790.00
			5 / minus 20 =						x\$11=		OR	x\$22=	814
INDEPENDENT CLAIMS / / minus 3 = 1 / 5								x41=		OR	x82=	1230	
MULTIPLE DEPENDENT CLAIM PRESENT							[∐]	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	2834
On													
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SWALL	ENTITY	OR		R THAN ENTITY
Q		CLA REMA				GHEST UMBER	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI-
TNEWON	* *	AFT	FER	**	PRE	EVIOUSLY AID FOR			RATE				TIONAL FEE
	Total	AMENDMEN		Minus	**	ND FOR		┨╟	A			400	
	Total		$\supset_{\mathcal{I}}$		1	<u> </u>	=/	1	x\$11=		OR	x\$22=	
	Independent *			Minus	7	5 77	2, , _		x41=		OR	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-135 =		OR	+270=	
									TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)									D11. 1 EE (י י ו ה	ADDIT. FEE	
AMENDMENT B	**	REMA	AINING FTER NDMENT		N	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		DATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	**				•			H/	RATE	FEE			FEE
	Total	* 8.	L	Minus 1	**	57	= 2-5	;	x\$11=		OR	x\$22=	4500
	Independent	* /	8	Minus	***	18	=		x41=		OR	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
·									TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)									DIT. FEE		3	ADDIT. FEE	
AMENDMENT C		1	AIMS AINING			IGHEST UMBER	PRESENT			ADDI-			ADDI-
			TER DMENT		PRE	EVIOUSLY AID FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*		Minus	**		=		x\$11=		OR	x\$22=	
	Independent	ndent *		Minus ***			=		x41=		OR	x82=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
* If	the entry in colu	ne entry in column 1 is less than the entry in column 2, write "0" in column 3.										TOTAL	
***if	the "Highest Nur	nher Prev	iously Pa	id For" IN THI	S SPAC	OF is less than	n 20, enter 20. n 3, enter "3." highest number f		DIT. FEE the appro	priate box in		ADDIT. FEE 1.	